



**BULLOCH COUNTY BOARD OF COMMISSIONERS
115 NORTH MAIN STREET
STATESBORO, GEORGIA 30458**

REQUEST FOR PROPOSAL

The Bulloch County Board of Commissioners is soliciting competitive sealed proposals from qualified suppliers for the purchase of one (1) Type 1, Class 1, Configuration A (ALS) Ambulance. Our specifications call for a chassis type of Ford F-450 or equal. It shall be solely within the discretion of Bulloch County to determine whether another make and/or model are “substantially equivalent.”

The outside of the sealed envelope shall include the wording: Ambulance RFP; Due Date: February 23, 2021 @ 3:00 P. M.; Attn: Faye Bragg, Purchasing Manager.

Proposals will be received until 3:00 P.M. local time on February 23, 2021 at the Bulloch County Board of Commissioners, North Main Annex, 115 North Main Street, Statesboro, Georgia 30458. It is the sole responsibility of the vendor to make sure submittal package is received by due date and time. Any proposal received after due date and time shall not be accepted. The proposal handling process will take place in Conference Room 102 at 115 N Main Street, Statesboro, GA 30458 @ 3:00 pm on February 23, 2021. Anyone may attend the proposal handling process. A public opening of proposals will not occur at the time and date indicated above. Proposals received will be officially recorded, and this recordation will be made available to the public. All proposals received will be turned over to the evaluation committee for opening, review, deliberation, and recommendation. After award is made, a tabulation of pricing will be available to the public.

The written proposal documents supersede any verbal or written prior communications between the parties.

There is a **checklist on page 20** that has items listed that must be completed and returned with the RFP submittal package. Failure to submit all items listed on this page will be just cause for not accepting the submitted RFP package.

A proposal package may be requested by contacting Faye Bragg, Purchasing Manager, at fbragg@bullochcounty.net or <http://bullochcounty.net/procurement/>. Any addenda to this solicitation will be issued through the purchasing office, and it will be the sole responsibility of the vendor to periodically check the County’s website for any addenda for this project. Failure to include a signed copy of any addenda issued for this project in the submitted package will result in the submission not being considered for this project.

Local Buying Preference: Departments are encouraged to use local vendors whenever possible. However, the County cannot pay a much higher price to do so because there is an obligation to the taxpayers to use our financial resources wisely.

For all purchases of \$15,000 or more, if the quality, service, price, and other factors are substantially equal, then a local vendor whose offer is within 5% of the lowest offer may be given an opportunity to match the lowest offer. This policy shall be stated in all applicable solicitations, but does not apply to public works construction projects or road projects.

For purposes of this provision, a “local vendor” is one that 1) has a principal business location within the boundaries of Bulloch County; 2) has a valid occupational tax certificate issued by a jurisdiction located in Bulloch County; and 3) owns the property where the principal business location is located, or has a lease for a term of no less than one year for the principal business location which in effect requires the local vendor to pay the ad valorem taxes on the leased property.

A “principal business location” is further defined as a permanent facility with a physical location in Bulloch County where it can be demonstrated 1) that the goods or services are either made, stored, processed, sold or rendered at the facility; and 2) that substantial administrative or management activities are performed by one or more employees, principals, representatives or agents for the purpose of transacting business.

To request the local vendor preference, a vendor must include a completed local vendor form with its submitted proposal. It is the vendor’s responsibility to provide clear and convincing evidence that it meets the requirements for being considered a local vendor pursuant to this provision. The determination of whether a vendor has submitted sufficient evidence to support being deemed a local vendor shall be solely within the discretion of the Board of Commissioners and shall not be subject to challenge.

To request local vendor preference you must contact the Purchasing Manager for the proper form to complete. The completed form must be included with the submitted package to be considered for the local vendor preference

Award And Reservations: It is understood and agreed that in consideration of the sum of One Dollar and No/100 (\$1.00) cash in hand paid, receipt whereof is hereby acknowledged, the vendor agrees that this proposal shall be an option, which is hereby given to the Purchaser to accept or reject this proposal at any time within sixty (60) calendar days from the date on which it is recorded. It is expressly covenanted and agreed that this proposal is not subject to withdrawal by the supplier during the term of said option. The party submitting the proposal is solely responsible for delivering the proposal to the exact location and by the time stated. The Purchaser reserves the right to reject any or all proposals and to waive technicalities and informalities in proposals, accepting the proposal deemed in the best interest of the purchaser. The County reserves the right to use or not use any alternate offer associated with this solicitation.

Award will be made to that responsive and responsible proposer with the best offer for Bulloch County, price and other factors considered.

Bulloch County has an Equal Opportunity Purchasing Policy. Bulloch County seeks to assure that all segments of the business community have access to supplying goods and services needed by the County. The County provides equal opportunity for all businesses and does not discriminate against any vendor regardless of race, color, religion, age, sex, or national origin.

A selection criterion is outlined in the request for proposal documents. Bulloch County reserves

the right to reject any or all proposals, to waive technicalities and to make an award deemed in its best interest.

For any technical questions on this project contact Doug Vickers, EMS Director, (912)764-6188 or dvickers@bullochcounty.net or Lloyd Shurling, Paramedic Captain, (912)764-6188 or lshurling@bullochcounty.net

For procurement procedures on this project contact Faye Bragg, Purchasing Manager, fbragg@bullochcounty.net

Sealed packages must be mailed to the following address; no faxed or e-mailed submittals will be accepted for sealed RFPs.

Bulloch County Commissioners
Attn: Purchasing Manager
115 N Main Street
Statesboro, GA 30458

Proposers will be fully responsible for the delivery of their proposal in a timely manner. Reliance upon U.S. Mail or other carriers is at the Proposer's risk. Late submissions will not be considered.

SCOPE OF WORK EMERGENCY MEDICAL CARE VEHICLE

- A. **Scope** - Bulloch County is soliciting proposals with the intent to purchase one (1) ambulance. The attached document is Bulloch County's current ambulance proposal specifications. This specification should be used by suppliers as a guideline for submitting proposals. Proposals should be performance oriented. Also, a fast or immediate delivery of this ambulance is of the utmost importance. Both are major considerations in the evaluation and award of proposals.

These specifications cover a new, commercially produced, surface medical care vehicle, hereinafter referred to as ambulance or vehicle. A vehicle in compliance with this specification shall be defined as a standard ambulance. This vehicle shall be in accordance with the Ambulance Design Criteria of the National Highway Traffic Administration, U.S. Department of Transportation, Washington D.C. These proposal specifications are based on the Federal Ambulance Specification KKK-A-1822F.

B. **Manufacturer's Proof of Certification**

This proposal specification is based on the Federal ambulance specification KKK-A-1822F or CASS GVS V2.0. A copy of manufacturer's approved certification testing from MME or other qualified independent testing facilities shall be included with the proposal. **Proposals submitted without certifications and complete set of testing documents and photos will be rejected as noncompliant. Homemade, simple, so called "in-house" (one page) partial self certifying certifications will not be allowed. NO EXCEPTIONS.**

- C. **Purpose** - The purpose of this document is to provide minimum specifications and test parameters for the manufacture of an emergency medical care vehicle that meets the

needs and desires of this agency. It establishes essential criteria for the design, performance, equipment and appearance of the vehicle. The object is to provide a vehicle that is in accordance with nationally recognized guidelines.

D. Classifications - This specification calls for the following type of vehicle. It is in accordance with KKK-A-1822F or CAAS GVFS V2.0.

Type I - Cab/Chassis with modular ambulance body.

Class I - Two rear wheel driven (4x2)

Configuration A (ALS) - Elevating cot and squad bench (3.1.5.1)

E. Equipment and Vendor Requirements - Since the continuous operation of this ambulance is of the utmost importance and of an emergency nature, it is necessary that the successful vendor be in a position to render prompt parts and service. The successful vendor shall have a qualified service facility and have access to parts inventory within the State of Georgia. Parts or service shall be provided within 48 hours after receiving a request from Bulloch County.

VENDORS MUST LIST BELOW THEIR SERVICE FACILITY AND PARTS DEPARTMENT PROFILE TO THE PURCHASER.

Facility Name: _____

Address: _____

City, State & Zip Code: _____

Phone Number: _____

Contact Name: _____

Approx. Miles from Purchaser: _____

Yrs. of Experience in Ambulance Repair Business: _____

Square Ft. of Facility: _____

No. of Service Bays: _____

No. of Employees: _____

No. of Full Time Ambulance Technicians: _____

Are Technicians Factory Trained? _____

Total Years Shop Repair Experience: _____

Value of Service and Parts Inventory: _____

24-Hr Turn Around Time on Warranty and Service? _____

Number of Lift Areas for Service: _____

Units offered under this proposal shall be new, standard production models of the latest design in current production. The ambulance shall be completely assembled, serviced, and work-ready when delivered to Bulloch County.

The design of the mechanical members shall be such that the stress imposed through normal shock loads at maximum engine torque shall not cause rupture or permanent

deformation or undue wear on any member.

Suppliers shall be prepared to give a complete demonstration of the merits of the ambulance offered as directed by the purchaser. The machine so demonstrated shall be complete as offered by the supplier for this proposal.

The price or prices quoted will be valid for sixty (60) calendar days and shall include all transportation charges fully prepaid to Bulloch County EMS, 26 West Grady Street, Statesboro, Georgia 30458. Delivery Date Must Be Stated On Pricing Form.

F. Proposal Submission Instructions

A. General Requirements

1. Proposer's Response - All proposals should include a copy of the attached specification and pricing form. Suppliers are asked on the pricing form to state if their proposal complies with the proposal specifications. If not, all "exceptions" shall be listed by specification item number and noted on the exceptions sheet.
2. Proposals shall include a manufacturer specification that details the equipment the supplier is offering.
3. Proposals should include interior and exterior drawings that illustrate the vehicle design, layout and dimensions. Color photos of demonstrator vehicles would also prove beneficial for evaluation.
4. Upon request, the proposed demonstrator ambulance shall be made available for inspection by the evaluation team on-site in Bulloch County.
5. A supplier/contractor shall not discuss any aspect of this Request for Proposal with any Bulloch County employee without approval of the Purchasing Department representative. This is to insure that all prospective respondents have the same level of knowledge relative to the project as well as insuring the additional data is made available to all proposers.
6. All questions or requests for additional information on submitting the proposal should be addressed to Faye Bragg, Purchasing Manager, at fbragg@bullochcounty.net.
7. One (1) unbound original (designated as the original) and two (2) additional copies of your proposal shall be submitted. All copies of the proposal must be identical. The full cost of proposal preparation is to be borne by the proposing firm. Proposals must be signed in ink by a company official who has authorization to commit company resources.

8. Proposals shall be submitted in a sealed envelope/package. Envelope/package shall be addressed to Bulloch County Commission, Purchasing Manager, 115 North Main Street, Statesboro, Georgia 30458 and shall be identified ambulance proposal, date of proposal deadline and company name on the outside as stated on page one of this document.

9. Award shall be made by the Bulloch County Board of Commissioners. All proposals and supporting materials as well as correspondence relating to this RFP become property of Bulloch County when received. Any proprietary information contained in the proposal should be so indicated. However, a general indication that the entire contents, or a major portion, of the proposal is proprietary will not be honored.

10. Bulloch County reserves the right to reject any or all proposals, in whole or in part, to negotiate changes in the scope of services and to waive any technicalities as deemed in its best interest.

11. The supplier shall provide at least four (4) references of purchasers the supplier has sold this type of ambulance within the last five years.

Provide A Minimum Of Four (4) Current Owners Of This Design Of Ambulance

1
 Name _____
 Address _____

 Phone _____
 Contact Name _____
 In Service Date _____

3
 Name _____
 Address _____

 Phone _____
 Contact Name _____
 In Service Date _____

2
 Name _____
 Address _____

 Phone _____
 Contact Name _____
 In Service Date _____

4
 Name _____
 Address _____

 Phone _____
 Contact Name _____
 In Service Date _____

- G. Proposal Selection Procedures** - The proposal will be evaluated by a selection committee selected by Bulloch County. The Proposals will be evaluated in order to select the Supplier/Contractor that rates highest according to the criteria listed below. The highest scoring Supplier/Contractor will be determined, and the selection committee will make a recommendation to the County Manager. Proposals will be evaluated based on their relative responsiveness to the criteria described above and with those criteria's values weighted as shown below:

Criteria	Maximum Points
Earliest Guaranteed Delivery	30 points
Compliance with Standard Specifications	30 points
Cost	25 points
References	10 points
Demonstration Assessment	5 points
Total	100 points

- H. Reservations** - Bulloch County reserves the right to reject all proposals, to negotiate changes in the Scope of Work or services to be provided, and to otherwise waive any technicalities.
- I. Pricing** – Pricing must be kept firm for a period of sixty (60) calendar days following the proposal due date and may be extended by mutual written agreement.
- J. General** - This is an engineer, design, construct and deliver type specification and it is not the intention of this agency to exclude vendors or manufacturers of similar or equal equipment of the types specified. It should be noted, however, that these specifications are written around specific needs of this agency. Other brands will only be considered providing the vendor provides documentation in the proposal that the particular brand offered meets or exceeds the quality of the actual brand called for in the specifications. It shall be solely within the discretion of Bulloch County to determine whether another make and/or model are “substantially equivalent.”
- K.** All proposal pricing shall be complete and include warranty and delivery of the completed vehicle to this agency.

Payment shall be made in accordance with these specifications and the Proposal submitted by the supplier. Payment will be made upon acceptance of the vehicle(s) and equipment specified under these specifications.

No proposal shall be withdrawn for a period of sixty (60) days after the date listed above for receiving proposals. Suppliers will be fully responsible for the delivery of their proposals in a timely manner. Reliance upon U. S. Mail or other carriers is at the vendor's risk. Late proposals shall not be considered. Bulloch County

reserves the right to reject any or all proposals in whole or in part and to waive technicalities and informalities.

Full payment will be made after the unit is received, inspected and found to comply with procurement specifications, free of damage and properly invoiced.

L. Warranty - The successful supplier shall provide ambulance or rescue vehicle conversion, which coverage shall, at a minimum include:

(A) A Limited Warranty on the ambulance conversion: Forty-Eight (48) months or 48,000 miles from date of original purchase.

(B) Paint: Seven (7) years from date of original purchase

(C) Electrical: Six (6) years or 72,000 miles from date of original purchase.

(D) Modular Body Structural Integrity: Fifteen (15) years from date of original purchase.

Chassis: warranty on the chassis portion of the completed ambulance or rescue vehicle shall be the responsibility of the chassis manufacturer.

The manufacturer shall warrant to the original retail purchaser that, for the warranty period that the ambulance or rescue vehicle shall be free of substantial defects in materials and workmanship, which are attributable to Warrantor and which, arise during the course of normal use and service. **There shall be copies of the Warranty statements included with the proposal documents.**

By executing and submitting this proposal, the Proposer certifies that the Proposal is made without reference to any other proposal and without any agreement, understanding, collusion or combination with any other person in reference to such proposal.

M. Bonds - Bonds not required.

N. Indemnification - The Vendor agrees to indemnify, hold harmless, and defend the County, its officials, and employees (hereinafter collectively “the indemnitees”) from and against any and all claims, damages, liabilities, suits, proceedings, costs, and expenses of litigation (including, without limitation, reasonable attorney’s fees) related to or arising in any way out of the performance of this Agreement, unless such is attributable to the sole negligence of the indemnitees. The indemnity obligation of the Contractor will survive the expiration or termination of this Agreement.

O. Drawings - Drawings are in a separate attachment.

**SPECIFICATIONS
EMS AMBULANCE**

NOTE: DRAWINGS ARE IN A SEPARATE ATTACHMENT.

The following specifications are for the size and quality ambulance needed for Bulloch County EMS. Other makes and model ambulances that are proven equal in size and quality shall be considered for award.

- 1 - 2021 FORD F-450 XLT CAB CHASSIS**
- 2 - 165.0" WHEELBASE**
- 3 - 84" CAB TO AXLE**
- 4 - 2 WHEEL DRIVE, DUAL REAR WHEEL**
- 5 - 16,500 LBS GVWR**
- 6 - 7,000# FRONT AXLE**
- 7 - 12,000# WIDE TRACK REAR AXLE**
- 8 - AMBULANCE BUILDERS PREP PACKAGE-47A**
- 9 - XLT TRIM PACKAGE**
- 10 - 4-WHEEL ANTI-LOCK BRAKE SYSTEM**
- 11 - POWER BRAKES/POWER STEERING**
- 12 - TILT STEERING**
- 13 - CRUISE CONTROL**
- 14 - ETR AM/FM STEREO/CD WITH BUILT-IN CLOCK AND NAVIGATION**
- 15 - TORQSHIFT 10-SPEED AUTOMATIC TRANSMISSION WITH OVERDRIVE**
- 16 - HEAVY DUTY SHOCKS/SUSPENSION**
- 17 - 6.7L "SCORPION" TURBO V-8 DIESEL ENGINE**
- 18 - (7) LT225/70R19.5 10-PLY ALL SEASON RADIAL TIRES**
- 19 - FACTORY AIR CONDITIONING**
- 20 - DUAL ALTERNATORS 397 AMP RATED TOTAL**
- 21 - FULL INSTRUMENTATION**
- 22 - FORD OEM CLOTH HIGH BACK CAPTAINS SEATS**
- 23 - SINGLE TANK-40 GALLON TOTAL CAPACITY**
- 24 - 4.10 REAR AXLE RATIO (LIMITED SLIP DIFFERENTIAL)**
- 25 - EXTRA ENGINE COOLING PACKAGE**
- 26 - HEAVY DUTY RADIATOR**
- 27 - ENGINE OIL COOLER**
- 28 - DUAL, SECOND GENERATION, CAB AIR BAGS**
- 29 - FRONT TOW HOOKS**
- 30 - TWO (2) 750 CCA BATTERIES UNDER HOOD**
- 31 - SUPER ENGINE COOLING**
- 32 - FRONT AND REAR STABILIZER BARS**
- 33 - DUAL AIR BAGS**
- 34 - OXFORD WHITE-EXTERIOR CLEARCOAT PAINT**
- 35 - AUXILLARY POWER TRAIN CONTROL**
- 36 - BUMPER MOUNTED LED FOG LIGHTS**
- 37 - DELUXE INSULATION PACKAGE**
- 38 - HEAVY DUTY AIRCONDITIONING/HEATING**
- 39 - POWER WINDOWS & DOOR LOCKS**
- 40 - KEYLESS ENTRY WITH KEYPAD ON DRIVERS DOOR**

- 41 - CUSTOM RADIO CONSOLE FOR FRONT CAB**
- 42 - MINIMUM STANDARD PAYLOAD-2,500 LBS.**
- 43 - LIQUID SPRINGS MODEL DS129FS3 SUSPENSION TO BE INSTALLED AND DUMP WHEN REAR DOORS ARE OPEN AND PARKING BRAKE IS APPLIED WITH BY-PASS SWITCH AT REAR DOOR.**

BODY FEATURES

DIMENSIONS: 146" X 94" X 72" INTERIOR

- 44 - COMPARTMENT LATCHES: LOCKING PADDLE TYPE WITH REMOTE CONTROL LOCK UNLOCK ON ALL DOORS AND COMPARTMENTS**
- 45 - MUD FLAPS: REAR RUBBER FOR DRW MODULAR**
- 46 - ENTRY DOOR LATCHES: PADDLE TYPE, LOCKING, INSIDE & OUTSIDE**
- 47 - EXTERIOR COMPARTMENTS: (7) L-1 72"H x 20"W x 22"D, L-2 40"H x 30"W x 20"D, L-4 40"H x 40" W x 20"D, R-1 78"H x 18"W x ALS Cabinet, R-3 26"H x 21"W x 20"D R-4 72"H x 15"W x 20"D., L-2 TO HAVE 2 EA ADJUSTABLE SHELVES AND R-6 TO HAVE 1 EA ADJUSTABLE SHELVE. R-4 TO HAVE 2 SETS OF STRAPS SHIPPED LOOSE TO SECURE BACK BOARDS. THE INTERIOR OF ALL EXTERIOR COMPARTMENTS TO BE FINISHED WITH SCORPION PROTECTIVE COATING. THIS SHALL INCLUDE ALL SHELVES AND DIVIDERS.**
- 48 - FUEL FILL GUARD: CAST ALUMINUM**
- 49 - INTERIOR DOOR LINERS/KICK PLATE: REFLECTIVE CHEVRON TO MATCH REAR OF AMBULANCE ON SIDE AND REAR ENTRY DOORS.**
- 50 - INTERIOR HEIGHT: MINIMUM OR 72" OF HEADROOM**
- 51 - MIRRORS: BLACK PLASTIC SHROUD LOW MOUNT RV TYPE WITH BUILT CONVEX**
- 52 - MODULAR UMBILICAL: BODY TO CAB ACCORDIAN RUBBER FLEXIBLE BELLOWS**
- 53 - REAR ENTRY DOORS: 62" X 48" WITH OUTSIDE LATCHES TO OPEN BOTH DOORS.**
- 54 - REAR ENTRY DOOR HOLD OPENS: CAST ALUMINUM "GRABBER" STYLE**
- 55 - REAR STEP BUMPER: ALUMINUM FLIP UP WITH OPEN GRATE IN CENTER SECTION**
- 56 - RUB RAILS: "C" CHANNEL ALUMINUM WITH REFLECTIVE 2-COLOR STRIP. COLORS TO MATCH CHEVRONS ON THE REAR OF THE UNIT.**
- 57 - RUNNING BOARDS: ALUMINUM DIAMOND PLATE**
- 58 - STONE GUARDS: FRONT AND REAR 11" UP, ALUMINUM DIAMOND PLATE**
- 59 - SIDE ENTRY DOOR: 32" X 74"**
- 60 - SPARE TIRE SHIPPED LOOSE**
- 61 - STATIC VENT, FRESH AIR INTAKE: LOCATED ABOVE ALS CABINET**
- 62 - UNDERCOATING: IN ACCORDANCE WITH CHASSIS MANUFACTURER'S RECOMMENDATIONS**
- 63 - WHEEL COVERS: PHOENIX STAINLESS STEEL WHEEL SIMULATORS WITH BRAIDED CHROME FILL TUBES**
- 64 - WHEEL WELL TRIM: ROLLED STAINLESS STEEL FENDERETTES**
- 65 - WINDOWS: (1) SLIDER IN SIDE ENTRY DOOR 19.5"H X 17.5"W WITH STANDARD TINT**
- 66 - WINDOWS: TWO (2): ONE IN EACH REAR ENTRY DOOR 19.5"H X 17.5"W WITH STANDARD TINT.**

VEHICLE FEATURES

- 67** - ANTENNA COAX: FOUR RUNS: TO THE COMMUNICATIONS CABINET IN THE CENTER OF THE FRONT OF PATIENT COMPARTMENT.
- 68** - RADIO PREWIRED WITH POWER AND GROUND WIRES WITH BREAKER
- 69** - BACK UP ALARM: 97 DECIBEL RATING WITH MOMENTARY CUT-OFF SWITCH
- 70** - DOOR OPEN: STANDARD ALARM SYSTEM ACTIVATED BY PATIENT ENTRY OR COMPARTMENT DOOR OPEN CONDITION
- 71** - MASTER ON-OFF BATTERY SWITCH: ELECTRONIC CONTROLLED BY VEHICLE IGNITION
- 72** - GAUGES: AMMETER AND VOLTMETER, DIGITAL READOUT
- 73** - HEATER/AIR CONDITIONER: COMBINATION HEATER AND AIR CONDITIONER WITH THERMOSTAT CONTROL IN PATIENT COMPARTMENT
- 74** - INVERTER: DIMENSIONS UNLIMITED 1200-WATT INVERTER WITH BUILT-IN 50 AMP BATTERY CHARGER AND "T" TRANSFER SWITCH
- 75** - SHORELINE: 115V 20 AMP WITH MATING PLUG
- 76** - VENT POWER: MARINE STYLE WITH 3 SPEED FAN LOCATED OVER SIDE ENTRY DOOR
- 77** - 115 RECEPTACLES: (3) DUPLEX LIGHTED HOSPITAL GRADE WITH GFI PROTECTION, (2) IN ACTION AREA, (1) IN ALS CABINET, (1) IN CAB OF TRUCK

POWER DISTRIBUTION & CONTROL SYSTEM

- 78** - POWER DISTRIBUTION BOARD: ETCHED TRACE "PRINTED" CIRCUIT BOARD WITH AUTOMOTIVE STYLE BOSCH RELAYS, ON BOARD DIAGNOSTICS, CIRCUIT BREAKERS, AND COMPUTER CABLE INTERFACE WITH CONTROL PANELS, NEMA RATED FR-4, MIL, STDs 810C, 55110D
- 79** - ELECTRONIC CONTROL MODULE: ETCHED TRACE "PRINTED" CIRCUIT BOARDS WITH STANDARD 5-MINUTE TIME DELAY FOR MODULE CHECK-OUT LIGHTS. DIRECTS LOW VOLTAGE SWITCHING SIGNALS TO POWER DISTRIBUTION BOARD
- 80** - FRONT CONTROL SWITCH PANEL: FLUSH MOUNTED IN CAB LOW PROFILE DOGHOUSE CONSOLE
- 81** - LOW VOLTAGE ROCKER SWITCH CONTROLS FOR EMERGENCY LIGHTING, BLACK-OUT FACE WITH LED INDICATORS, DIGITAL VOLT AND AMP METERS, AOUT-RESET BACK-UP ALARM SWITCH, SIREN CONTROL HEAD, EMERGENCY AND PATIENT COMPARTMENT MASTER SWITCHES, 3-LIGHT INTERCOM, COMPARTMENT & DOOR AJAR LIGHTS, ALL FUNCTION SWITCHES, BATTERY INDICATOR LIGHTS AND "WAIT TO START" LEGEND FOR DIESEL ENGINE
- 82** - ACTION AREA REAR CONTROL SWITCH PANEL: LOW VOLTAGE ROCKER SWITCH CONTROLS FOR INTERIOR LIGHTING AND 3-LIGHT INTERCOM, BLACK-OUT FACE WITH LED INDICATORS, HEAT/AC CONTROLS, EXHAUST FAN.

WARNING LIGHTS

- 83** - FRONT 7 EA. WHELEN M9 SERIES LED WITH CHROME FLANGES (RLED/CLED/RLED/CLED/RLED/CLED/RLED)

- 84** - BODY WARNING LIGHTS: (9) WHELEN M9 SERIES LEDS WITH CHROME FLANGES, (2) RED WARNING LIGHTS ON EACH SIDE OF MODULAR BODY WITH (1) AMBER ON REAR OVER DOOR
- 85** - TWO WHELEN M9 SERIES RED LEDS WITH CHROME FLANGES ON REAR OF MODULE TO SHOW THROUGH REAR DOOR WINDOWS
- 86** - GRILLE LIGHTS: (2) WHELEN M7 SERIES RED/CLEAR LEDS WITH CHROME FLANGES MOUNTED ON FRONT RANCH HAND GRILLE
- 87** - INTERSECTION LIGHTS: 2 EA. WHELEN M7 SERIES RED/CLEAR LEDS WITH CHROME FLANGES ABOVE REAR WHEELS, 2 EA. WHELEN ION WIONSMD LEDS WITH CHROME FLANGES MOUNTED ON SIDES OF RANCH HAND BUMPER.
- 88** - LOAD LIGHTS: (2) WHELEN M9 SERIES LED SCENE LIGHTS (2) EACH SIDE WITH CHROME FLANGES OVER REAR DOORS
- 89** - SCENE LIGHTS: (4) WHELEN M9 SERIES SCENE LIGHTS (2) EACH SIDE WITH CHROME FLANGES
- 90** - SIREN: 2 EA. WHELEN WS-295HFRS W/NCM LOCATED IN FRONT SWITCH CONSOLE
- 91** - SIREN SPEAKERS: CAST PRODUCTS DUAL SPEAKERS MOUNTED BELOW FRONT GRILLE AREA WITH (2) 100 WATT DRIVERS
- 92** - LED PATTERN: ALL LED EMERGENCY LIGHTS ARE TO BE WIRED TO PATTERN SWITCH LOCATED IN ELECTRICAL CABINET
- 93** - TURN SIGNALS: WHELEN M6 SERIES LED BRAKE/TAIL, LED TURN SIGNALS, LED BACKUP LIGHT ON REAR OF MODULE

INTERIOR

- 94** - ACTION AREA LIGHT: (2) LED LIGHTS IN ACTION AREA
- 95** - COT MOUNT: STRYKER POWER LOAD SYSTEM INSTALLED
- 96** - DOME LIGHTS: (6) CODE3 P/N PCL-LED-VV LED LIGHTS, (2) ROWS OF THREE EACH SIDE WITH EACH SIDE SWITCHED SEPARATELY, DUAL INTENSITY
- 97** - FLOOR LIGHTS MOUNTED BETWEEN EACH DOME LIGHT PER DRAWING LED TECNIQ 12" OR EQUIVLENT
- 98** - FLOORING: SPECIAL HEAVY DUTY, HIGH QUALITY LONPLATE II SAFETY VINYL FLOORING ROLLED UP SIDES 4"
- 99** - SPOTLIGHT: (1) OPTRONICS HAND-HELD 200,000 CP, HARD WIRED, MOUNTED ON ENGINE COVER, MONENTARY BUTTON SWITCH
- 100** - STEPWELL LIGHT: (1) INSIDE LED STEP WELL ACTIVATED WITH SIDE DOOR

OXYGEN, VACUUM & MISCELLANEOUS EQUIPMENT

- 101** - ASPIRATOR: (1) RICO RS-4X DISPOSABLE ASPIRATOR, HARD PLUMBED TO 12 V ELECTRIC VACUUM PUMP, ASPIRATOR COLLECTION JAR LOCATED IN ACTION AREA
- 102** - OXYGEN CYLINDER BRACKET: ZICO Model QR-OTSR-U Quick-Release Oxygen Tank System FOR "H" SIZE CYLINDER, LOCATED IN COMPARTMENT #1.
- 103** - OXYGEN OUTLETS: (3) OHIO QUICK DISCONNECTS; (1) IN ACTION AREA, (1) IN CEILING AND (1) CURBSIDE WALL
- 104** - OXYGEN CONTROL: ELECTRIC SHUT-OFF VALVE WITH MANUAL BYPASS
- 105** - OXYGEN WRENCH: (1) CHAINED IN OXYGEN COMPARTMENT

106 - VACUUM PUMP: THOMAS 12V DC, MOUNTED ON CEILING IN COMPARTMENT #1

107 - 12 VDC OUTLETS: (3) FOR CIGARETTE LIGHTER STYLE PLUG, (2) IN ACTION AREA AND (1) IN ALS

CABINETS & HARDWARE

108 - ASSIST HANDLES: (3) ONE (1) “V” STYLE HANDLES; ONE (1) ON EACH PATIENT ENTRY DOOR PLUS ONE (1) 10” ON ALS CABINET

109 - IV POLE: 1 ¼” STAINLESS STEEL IV POLE IN CUSTOMER’S LOCATION OF CHOICE

110 - ALS CABINET: (2) FIXED SHELVES FOR 747 KIT STORAGE, PLEXIGLASS DOORS. BOTTOM HALF OF ALS CABINET TO BE A **MEDI-KOOL 40 SS** OR EQUIVALENT CLIMATE CONTROLLED LOCK BOX TO OPERATE OFF OF 110 SHORE LINE AND 12 VDC. CABINET TO HAVE AN COMPX REGULATOR REG-S-V LOCK ON THE DOOR.

111 - ASSIST RAILS: (2) 72” STAINLESS STEEL CEILING ASSIST RAIL OVER COT AREA

112 - CONTAMINATED “SHARPS” DISPOSAL: “A” STYLE SHARPS AND TRASH AT HEAD OF SQUAD BENCH

113 - RISER PLATES: STAINLESS STEEL RISERS 11” UP STREETSIDE CABINETS AND SQUAD BENCH

114 - IV HOLDERS: (2) DUAL BOTTLE SWING DOWN STYLE, (1) EACH OVER COT AND SQUAD BENCH, CHEST AREA, W/VELCRO RETAINING STRAPS

115 - LABELS: (2) “NO SMOKING” SIGNS, (1) IN CAB, AND (1) IN PATIENT COMPARTMENT, (2) “FASTEN SEAT BELT SIGNS, (1) IN CAB, (1) IN PATIENT COMPARTMENT

116 - SEAT BELTS: (5) SETS OF AUTOMOTIVE TYPE LAP BELTS; (3) ON SQUAD BENCH, (1) TECHNICIAN’S SEAT: (2) MALE END BELTS ON FACE OF SQUAD BENCH FOR SECONDARY PATIENT WITH HIGH BACK SEAT TWO WITH FULL SHOULDER AND LAP BELT RESTRAINTS.

117 - SQUAD BENCH: SPLIT LID WITH RATCHET TYPE HOLD OPENS

118 - ADDITIONAL OVERHEAD CABINET ABOVE BENCH

119 - GLOVE HOLDER CABINET TYPE IN WALL ABOVE CURB SIDE DOOR TO HOLD AT LEAST 3 BOXES OF GLOVES

120 - PLEXIGLASS DOORS: ALL PLEXIGLASS TO BE 3/16” (.1875”) THICK, CLEAR, ALL SLIDING DOORS TO HAVE FULL LENGTH ALUMINUM PULL HANDLES

121 - STREETSIDE CABINETS: STANDARD SUPER MEDIC PRINT WITH FULL WALL CABINETS WITH CPR SEAT, UNI-STRUT SELF TRACK

122 - TECHNICIAN SEAT: HIGH BACK AUTO STYLE WITH BUILT-IN CHILD SAFETY SEAT ON SWIVEL BASE

PAINT, DECALS, LETTERING

123 - PAINT COLOR: MAIN BODY BRIGHT WHITE

124 – DECALS AND STRIPING TO BE REFLECTIVE SCOTCHLITE TO MATCH CURRENT AMBULANCES PER ATTACHED DRAWINGS, LETTERING TO BE REFLECTIVE SCOTCHLITE WITH WHITE BORDER TO INCLUDE DOT STAR OF LIFE REQUIREMENTS

INTERIOR COLORS

- 125 - UPHOLSTERY: THERMAL VACUUM FORMED SEAMLESS GREY VINYL
- 126 - FORMICA: GRAY
- 127 - FLOOR: LONPLATE II #424 GRAY
- 128 - RISERS: STAINLESS STEEL ON LOWER LEFT WALL AND FACE OF SQUAD BENCH

ADDITIONAL REQUIREMENTS

THE ADDITIONAL REQUIREMENTS LISTED BELOW MAY ALREADY BE LISTED IN THE SPECIFICATIONS ABOVE. IF THEY ARE NOT LISTED ABOVE, THE ITEMS LISTED BELOW SHALL BE INCLUDED.

- 1- MODULE AC/HEAT SHALL BE DUCTED ABOVE MODULE CEILING WITH FOUR (4) SETS OR MORE OF ADJUSTABLE VENTS EVENLY SPACED. THE VENTS WILL HAVE THE CAPABILITY TO BE MANUALLY OPENED AND CLOSED.
- 2 - COLOR BACK-UP CAMERA (COMPLETE SYSTEM) TO REPLACE FACTORY REARVIEW MIRROR
- 3 - WIRE BLOCK HEATER TO SHORELINE
- 4 - REAR RUBBER MUD FLAPS FOR DRW MODULAR
- 5 - DIAMOND PLATE RUNNING BOARDS FOR FRONT CAB STEP AREAS
- 6 - ROLLED STAINLESS STEEL FENDERETTES
- 7 - CAST PRODUCT 100 WATT SPEAKERS (2) RECESSED MOUNTED IN FRONT BUMPER
- 8 - FOUR (4) COAX RUNS WITH POWER AND GROUND WIRES WITH CIRCUIT BREAKER FOR RADIO PREWIRE TO BE RAN TO COMMUNICATIONS CABINET.
- 9 - DIMENSIONS UNLIMITED 1200/ABT, 1200 WATT INVERTER WITH T-TRANSFER SWITCH AND 50 AMP BATTERY CHARGERS WIRED TO SHORELINE
- 10 - FOUR (4) 12" TECNIQ LED LIGHTS IN PATIENT COMPARTMENT DESIGNED TO WORK FROM 12 VOLT
- 11 - SIX (6) CODE 3 P/N PCL-LED-VV LED DOME LIGHTS SHALL BE FURNISHED AND INSTALLED
- 12 - THREE O2 OUTLETS SHALL BE FURNISHED: ONE (1) IN ACTION AREA, ONE (1) IN CEILING OVER MAIN COT AREA, AND ONE (1) OVER SQUAD BENCH ON CURBSIDE WALL
- 13 - ELECTRIC OXYGEN CONTROL SHUT-OFF VALVE WITH MANUAL BYPASS SHALL BE INSTALLED
- 14 - "V" STYLE ASSIST HANDLE FOR PATIENT ENTRY DOORS
- 15 - STRYKER FLOOR PLATE KIT FOR POWER PRO STRETCHER MODEL # 6370
- 16 - MEDI-KOOL 40 SS CLIMATE CONTROL CABINET AS DESCRIBED IN LINE 111

- 17 - CPR SEAT WITH FOLD DOWN BACKREST WITH STRAP MOUNTED TO WALL TO SECURE A CARDIAC MONITOR
- 18 - 2ND ACTION AREA FOR MONITOR DEFIBRILLATOR, 19" HIGH WITH LED LIGHTING
- 19 - STAINLESS STEEL A-FRAME MANSAYER AT HEAD OF COT TO HOLD SHARPES AND TRASH
- 20 - AUTO STYLE CAPTAINS CHAIR WITH INTEGRAL CHILD SAFETY SEAT WITH SWIVEL BASE MOUNTED TO FLOOR

- 21 - LED FOG LIGHTS RECESS MOUNTED IN FRONT RANCH HAND BUMPER**
- 22 - CUSTOM FLOOR CONSOLE FOR FRONT CAB TO ACCOMMODATE SWITCH PANELS, AMMETER, VOLTMETER, SIREN, RADIOS, MAP BOOKS AND DRINK HOLDERS, DESIGNED TO BE WORKED OUT WITH BULLOCH COUNTY**
- 23 - MODULE SHALL BE FABRICATED TO YIELD 72" INTERIOR HEAD ROOM**
- 24 - MODULE EXTERIOR SHALL BE FABRICATED PER DRAWINGS WITH THE FOLLOWING DIMENSIONS: 146"L x 94"W x 92"H**
- 25 - STAINLESS STEEL WHEELINERS SHALL BE FURNISHED**
- 26 - PROVIDE AND INSTALL AN ZICO VS-24-9 ELECTRIC STEP FOR SIDE DOOR ENTRANCE**
- 27 - PROVIDE AND INSTALL FOUR (4) DUPLEX LIGHTED 115VAC INTERIOR RECEPTACLES WITH GFI PROTECTION: TWO (2) IN ACTION AREA, ONE (1) IN ALS CABINET AND ONE (1) OVER SQUAD BENCH**
- 28 - INSTALL THREE (3) 12 VDC CIGARETTE LIGHTS STYLE PLUGS: (2) IN ACTION AREA AND (1) IN ALS**
- 29 - INSTALL 1 3/4" STAINLESS STEEL IV POLE IN CUSTOMER LOCATION OF CHOICE**
- 30 - PROVIDE AND INSTALL A COLOR BACK UP CAMERA ON THE REAR OF THE MODULE OVER THE BACK PATIENT ENTRY DOORS AND EQUIPPED WITH MONITOR TO REPLACE FACTORY REARVIEW MIRROR**
- 31 - RANCH HAND (**FBF171BLR**) WITH GRILLE LIGHTS MOUNTED ON IT**
- 32 - INTELLITEC DIGITAL CLOCK INSTALLED IN ACTION AREA**
- 33 - BUELL DUAL AIRHORN KIT MOUNTED UNDER FRONT OF UNIT THROUGH BUMPER EMERGENCY SERVICES RATED.**
- 34 - UV LIGHT IN THE HVAC SYATEM.**
- 35 - EVERGREEN ADU 135 UV LIGHT IN PT. COMPARTMENT.**

PRICING FORM

WE HEREWITH SUBMIT AND OFFER AS FOLLOWS:

CHASSIS/MAKE: _____

MODEL/TYPE: _____

AMBULANCE BRAND: _____

DELIVERY DATE TO BULLOCH COUNTY: _____

TOTAL PRICE: COMPLETE AS SPECIFIED.

DOLLARS \$ _____

WORDS _____

DOES YOUR SUBMISSION COMPLY WITH ALL SECTIONS OF OUR RFP INCLUDING THE SPECIFICATIONS? IF YOUR ANSWER IS NO, USE THE EXCEPTIONS SHEET.

YES _____

NO _____

WE ACKNOWLEDGE THE RECEIPT OF ADDENDUMS (IF ANY) NUMBERED AS FOLLOWS:

It is agreed by the undersigned vendor that the signature and submission of this package represents the vendor's acceptance of all terms, conditions, and requirements of the RFP and, if awarded, the submittal package will represent the agreement between the two parties.

Company Name: _____

Company Address: _____

Signature of Representative: _____

Printed Name of Representative: _____

Title: _____

Telephone Number: _____ Fax Number: _____

E-mail Address: _____

Date: _____

Date: _____

NON-COLLUSION AFFIDAVIT

The following affidavit is to accompany the proposal:

STATE OF:

COUNTY OF:

Owner, Partner or Officer of Firm:

Company Name, Address, County and State:

The undersigned, being of lawful age, being first duly sworn, on oath says that he/she is the agent authorized by the vendor to submit the attached proposal. In making such representation, affiant further states for himself/herself and on behalf of vendor, that they have not been a party to any collusion among vendors in restraint of competition by agreement to submit a bid or proposal at a fixed price or to refrain from proposing; or with any office of Bulloch County or any of their employees as to quantity, quality or price in the prospective contract; or any discussion between vendors and any official of Bulloch County or any of their employees concerning exchange of money or other things of value for special consideration in submitting a sealed proposal for:

FIRM NAME _____

SIGNATURE _____

TITLE _____

Subscribed and sworn to before me this _____ day of _____ 20____.

NOTARY PUBLIC _____

**BULLOCH COUNTY, GEORGIA
VENDOR DECLARATION**

The vendor understands, agrees and warrants:

That the vendor has carefully read and fully understands the full scope of the specifications.

That the vendor has the capability to successfully undertake and complete the responsibilities and obligations in said specifications.

That this proposal shall be valid for 60 days.

That this proposal may be withdrawn by requesting such withdrawal in writing at any time prior to **February 23, 2021 @ 3:00 pm**, but may not be withdrawn after such date and time for a period of 60 days.

That Bulloch County reserves the right to reject any or all proposals and to accept that offer which will, in its opinion, best serve the public interest. Bulloch County reserves the right to waive any technicalities or informalities in the proposal.

That by submission of this proposal the vendor acknowledges that Bulloch County has the right to make any inquiry or investigation it deems appropriate to substantiate or supplement information supplied by the vendor.

If a partnership, a general partner must sign.

If a corporation the authorized corporate officer(s) must sign and the corporate seal must be affixed to this proposal.

VENDOR:

Name	Title
------	-------

Name	Title
------	-------

AFFIX CORPORATE SEAL (if applicable)

Subscribed and sworn to before me this _____ day of _____ 20____.

NOTARY PUBLIC _____

CHECK LIST

The items listed below must be completed and returned in the sealed RFP submittal package. Failure to return the items listed below will be just cause for not accepting a submittal package.

- 1. Page 3 – Manufactory’s approved certification testing from MME or other qualified independent testing facility.
- 2. Page 4 – Department Profile to the Purchaser
- 3. Page 5 – Manufacturer specification that details the equipment the supplier is offering.
- 4. Page 5 – One (1) original and two (2) copies of the submitted proposal
- 5. Page 6 – References
- 6. Page 8 – Warranty Statements
- 7. Page 16 – Pricing Form
- 8. Page 17 – Exceptions to Specifications Sheet (must be marked appropriately)
- 9. Page 18 – Non-Collusion Affidavit (must be signed & notarized)
- 10. Page 19 – Vendor Declaration (must be signed & notarized)
- 11. A signed copy of any addenda that may be issued for the RFP

TO BE COMPLETED BY AWARD WINNER ONLY

ACCEPTANCE OF PROPOSAL – EXAMPLE ONLY

Bulloch County hereby accepts the undersigned supplier's offer submitted in response to the attached Request for Proposals for the following items: _____
_____.

By executing this Acceptance of Proposal, Bulloch County and the undersigned supplier acknowledge and agree to be bound by all terms and conditions of the attached Request for Proposals and all specifications and pricing stated therein.

IN WITNESS WHEREOF, Bulloch County and the undersigned supplier have caused their authorized representatives to set their hands and seals this _____ day of _____, 20_____.

BULLOCH COUNTY, GEORGIA

[Name of Successful Vendor]

By: _____
Thomas M. Couch, County Manager

By: _____

Print or type name of signatory

[FORM OF ACCEPTANCE OF PROPOSAL]

The successful vendor(s) will be required to execute this Acceptance of Proposal.